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In the United States District Court
For the Northern District of Alabama

FILED

2015 JUL 30 A 10:08

U.S. DISTRICT COURT
N.D. OF ALABAMACharles Ray Taylor

CV-15-K-1280-5

(Enter above the full name(s) of the
plaintiff(s) in this action)

v

Comm. Jefferson DUNNWARDEN DEWAYNE ESTESUNKNOWN correctional officerUNKNOWN correctional officer(Enter above full name(s) of the
defendant(s) in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ☒
- B. If your answer to A. is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiff(s):

N/A

Defendant(s)

N/A

2. Court (if Federal Court, name the district; if State Court, name the county)

N/A

3. Docket Number

N/A

4. Name of judge to whom case was assigned

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit

N/A

7. Approximate date of disposition

N/A

II. Place of present confinement DONALDSON CORRECTIONAL FACILITY

A. Is there a prisoner grievance procedure in this institution?

Yes () No ☒

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes () No ☒

C. If your answer is YES: N/A

1. What steps did you take?

N/A

2. What was the result?

N/A

D. If your answer is NO, explain why not? A.O.D.C. does not have a

CORRECTIONAL GRIEVANCE form, only medical
GRIEVANCE forms

III. Parties

In item A below, place your name(s) in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff(s) Charles Ray Taylor

Address 100 WARRIOR LANE Bessemer, ALA, 35023

In item B. below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

- B. Defendant Comm. Jefferson Dunn
 is employed as Commissioner
 at Alabama Department of corrections
- C. Additional Defendants Warden Dewayne Estes = St. Clair
Correctional Facility UNKNOWN Correctional officer and
UNKNOWN Correctional officer

IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include, also, the names of other persons involved, dates and places. *Do not give any legal arguments or cite any cases or statutes.* If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet, if necessary.

I WAS attacked and stabbed by Two UNKNOWN inmates
at St. Clair Correctional Facility and left in P-227 cell
for an UNKNOWN amount of time when an inmate found
me UNCONSCIOUS. D.O.C. did not do a random security check
or walk through the dorm to ensure the safety of me
or any other inmates on the day in question. I WAS
transported to UAB Hospital at Bham, Ala. for immediate
surgery. St. Clair Correctional Facility houses nearly
double the number of inmates it was designed to house.
and was dangerously understaffed at the time of
this incident. (see Attached Statement form)
A.D.O.C. Failed to comply to case law. Their own

Policy of rules and regulations, which created
UNREASONABLE SAFETY for inmates as well as A.D.O.C.
officers.

V. RELIEF

State briefly *exactly* what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

The ALABAMA Department of corrections should be
responsible for all my medical Bills and \$65,000.00
Punitive Damages

"I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/27/15
(date)

Charles R. Taylor
Signature(s)

STATEMENT

Charles Ray Taylor

Name of person making statement

137830

AIS/ID#

7/17/2015

Date

I declare that the following voluntary STATEMENT is made of my own free will without promise or hope of reward, without fear or threat of physical harm, without coercion, favor or offer of favor, by any person or persons whomsoever.

ON OR ABOUT JUNE 25th OR 30th 2015 I WAS ATTACKED AND ROBBED by two inmates at St. Clair correctional facility. one of the inmates asked to speak to me. I asked him what he wanted to speak with me about. at that time I noticed another inmate come up behind me. They then became hostile toward me and forced me into cell P-2-27. I tried to leave the cell and one of them stabbed me in the upper right shoulder. I fell to the floor and tried to get back to my feet. They hit me in the right side of my mouth knocking me back down to the floor. They began going through my pockets apparently looking for anything of value. I layed there on the floor for fear that they might stab me again. They made me lay there bleeding for quite some time. I began to get weak from loss of blood. after more time elapsed, they left the cell, locking the door on their way out, preventing me from getting help. at that point when I thought they were gone, I began to yell for DOC security staff to NO AVAIL. I beat on the cell door until I lost consciousness. I don't remember how long I stayed UNCONSCIOUS but when I did regain consciousness I began to scream and kick on the cell door yet again. I later found out that inmate Micheal Briskey AIS# 282318 was the inmate that heard my pleas for help and alerted DOC staff that I was injured. DOC security staff did not respond until Micheal Briskey alerted them. I lost consciousness again at that point. when I regained consciousness the third time, I was in the infirmary surrounded by St. Clair medical staff. I was immediately transported by UAB Trauma team to UAB hospital at Bham, Ala. where they immediately performed surgery on me. as a result of my injuries from the stabbing and head trauma, I have partial paralysis of my right arm and hand. Limited use of the right side of my body due to severe nerve damage. Two of my upper right teeth removed by dentist at St. Clair Cor. Fac. on 7/10/15. my witnesses to incident are as follows

- (1) Micheal Briskey AIS# 282318 - Heard my pleas of help and Alerted DOC staff.
- (2) Capt. Gham - Gave Her my statement after I returned from UAB Hospital
- (3) CoI McQueen - responded to the incident day of stabbing
- (4) CoI McKay - officer on duty at St. Clair infirmary day of incident
- (5) Milo Browning - signed and witnessed my statement
- (6) CoI Joel Christian - signed and witnessed my statement

I have read each page of this STATEMENT, each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct and further declare that I was not told or prompted as to what to say in this STATEMENT. Page 1 of 1 pages.

This STATEMENT was completed at St. Clair 7 M on the 17 day of 2015.

Joel Christian, Joel Christian

Witness (print name and sign)

Milo Browning, Milo Browning

Witness (print name and sign)

Charles R. Taylor

Signature of person making statement



Infirmary-Patient Information Fact Sheet (PIF)

Fall Risk

Facility Name <u>SCCF</u>		Admitting Diagnosis <u>Stable - Pneumothorax</u>	
Patient's Name	Last <u>Taylor</u>	First <u>Charles</u>	MI <u>137830</u>
Allergies <input checked="" type="radio"/> N <input type="radio"/> Y: List <u>None</u>		ID Number	Birth date <u>2/1/64</u>

Why do we need to talk about fall risk?

- To help medical staff to look out for your safety and well-being
- To help you to learn ways to avoid injuries

What causes me to be a fall risk?

You may have a higher risk for falling if:

- ☐ You have had a recent fall
- ☐ You have a medical condition that makes you at risk for a fall
- ☐ You have an IV (or using an IV pole)
- ☐ You are use a cane, crutches, a walker, wheelchair, or: _____
- ☐ You have problems with your balance
- ☐ Your legs are weak
- ☐ You are on bed rest
- ☒ Certain medicines: Tylenol #3

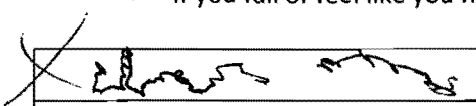
What should I do?

You should:

- Ask for help from staff when getting up or walking
- Let the staff know if you do not feel well or you do not feel steady on your feet
- Do not hold on to anything (like bedside tables) that could move
- Make sure you can reach your walking aids from your bed or chair
- Watch out for spills or objects in your way on the floor
- Make sure your footwear is not slippery
- Wear glasses if you have them
- Make sure your clothing is not in your way while you walk so that you don't slip or trip over it
- Do not walk in stockings (TEDS), scuffs, or shower sandals**

Call for help:

- If you need help walking
- If you need help getting in or out of bed or into a chair
- If you feel ill or unsteady on your feet
- If you fall or feel like you might fall

			
Patient Signature	Date		
Health Staff Signature <u>T. Hughes RN</u>	Title <u>RN</u>	Date <u>6/30/15</u>	



Infirmary-Patient Information Fact Sheet (PIF) Orientation

Facility Name <u>SECURE</u>		Admitting Diagnosis <u>Seizure Disorder</u>	
Patient's Name Last <u>Smith</u> First <u>John</u> MI <u>1</u> ID Number <u>197830</u>		Birth date <u>9/1/64</u>	
Allergies <input checked="" type="radio"/> N <input type="radio"/> Y If Yes List: <u>None</u>			

You have been admitted to the Infirmary because:

Seizure Disorder

To help you get better as quickly as possible the practitioner has written the following orders for you:

Goals of care: Seizure free

Your activity level is: As tolerated

Your diet is: Regular

Your mealtimes are: 7:00 AM, 12:00 PM, 5:00 PM

Your medicines are: Carbamazepine 200mg PO BID

Your medicine times are: 8:00 AM, 2:00 PM

The following care is being set up for you:

Lab work and other tests: ECG, blood work

Treatments: Seizure watch

Other: None

You also need to know:

Nursing Rounds: the nurse will see you at least: daily

Practitioner Rounds: the practitioner will see you at least: weekly

Your medical practitioner is: Dr. Smith

Your mental health clinician is: Dr. Jones

You also need to know that: no driving while on medication

Patient Signature <u>[Signature]</u>		Date <u>9/1/15</u>	
Health Staff Signature <u>[Signature]</u>		Title <u>Nurse</u>	Date <u>9/1/15</u>